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PTO/SB/05 (08/00)

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 39230-0705	
		First Inventor or Application Identifier Peter B. Atanackovic & Larry Marshall	
		Title DEVICES WITH OPTICAL GAIN IN SILICON	
		Express Mail Label No. EL 993691362 US	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 29]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed-Sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Detailed Description of the Drawings- Detailed Description- Claim(s)		a. <input type="checkbox"/> Computer Readable Copy	
4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 12]</i>		b. <input type="checkbox"/> Paper Copy (identical to computer copy)	
5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages 3]</i> <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statement verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/924,392</u> Prior application information: Examiner <u>Jackson Jr., Jerome</u> Group/Art Unit: <u>2815</u> For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
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18. CORRESPONDENCE ADDRESS	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 25213 or <input type="checkbox"/> Correspondence address below	
<i>(Insert Customer No. or Attach bar code label here)</i>	
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	ZIP CODE
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Name (Print/Type)	Paul Davis	Registration No. (Attorney/Agent)	29,294
Signature	<i>Paul Davis</i>	Date	April 16, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2004 <i>Effective 01/01/2004. Patent fees are subject to annual revision.</i>						Complete if Known																																																																																																																																																																																															
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 39230-0705) Deposit Account Name: Heller Ehrman White & McAuliffe LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						3. ADDITIONAL FEES																																																																																																																																																																																															
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